# **Business Services Online Tutorial**

# How to use W-2 Online

## **Lesson 1: Create W-2s**

- **Step 1:** Select 'Login' link from the Business Services Online Welcome Page. <a href="https://www.ssa.gov/bso/bsowelcome.htm">www.ssa.gov/bso/bsowelcome.htm</a>
- **Step 2:** The Business Services Online Home Page will display. Select the Create W-2s' link.



Step 3: The W-2 Online Information page will display. If you would like to download Adobe Acrobat Reader 5.0, select 'follow this link'. If you do not need to download Adobe Acrobat Reader, continue to Step 4.



#### W-2 Online Information

W-2 Online lets you enter and submit up to 20 Forms W-2 to the Social Security Administration. You may not use W-2 Online if any of the restrictions below apply to you.

You will need Adobe Acrobat Reader (version 5.0 is recommended) to print your Form W-3 and Forms W-2. Follow this link to go to Adobe's free download page.

#### BEFORE CONTINUING, YOU MUST:

- Read all restrictions carefully.
- Verify your registration information.
   Specify whether you are filing for yourself or another company.

When you have finished, select the Continue button at the bottom of this page.

#### RESTRICTIONS

DO NOT use W-2 Online if you are:

- Filing third-party sick pay recap forms.
- Filling as a Form 2678 Agent or a Common Paymaster.
   Filling Forms W-2C.
- Filing for a tax year other than 2002.
- Filling Forms W-2 that include more than four Box 12 codes.
  Filling for wages earned in American Samoa, Guam, Puerto Rico, the Northern Mariana Islands, or the
- Filing for United States military wages or using a military Employer Identification Number (EIN)

Note: Using this service does not relieve employers of the obligation to provide annual wage statements to employees and state and local jurisdictions. Form W-2 must be distributed to employees no later than January 31, 2003

#### REGISTRATION INFORMATION

You provided the following contact information when you registered to use Business Services. This information will be saved with your annual wage report so that we can contact you if questions arise. Please check to be sure this information is correct.

Your Company's Name: KEY SERVICE SYSTEMS

Your Company's EIN: 06-1259340

Your Name: PATRICIA ORTALE

Your Address: 103 COUNTRY CLUB DRIVE

GLEN BURNIE, MD 21060

Your Phone: 4104969637 Your Extension: <Not Specified> Your Fax: < Not Specified> Your E-Mail: <Not Specified>

If the above registration information is no longer accurate, please follow this link to update it.

#### FOR WHOM ARE YOU FILING?

Please choose one of the following options:

C I am filing Forms W-2 for my company's employees.
C I am filing Forms W-2 for another company's employees

### Options

Warning! You logged in using your Social Security Number instead of your password. Therefore, any incomplete W-2 Online reports will NOT be saved for future use. You will have to enter the entire report later if you do not successfully finish your W2 Online report within this session.

Continue with W-2 Online. Read Privacy Act and Paperwork Reduction Act Notice. Continue Abandon your changes and return to the BSO home page

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on Forms We2 and WG2 to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Section 8051 and its regulations require you to furnish wage and tax.datements to employees and to the Social Security Administration. Section 8109 requires you to provide your employer identification on the Collection and the District of Collembia for use in administrating their tax law, if you fail to provide this information in a timely manner, you may be subject to penalties. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file these forms will vary depending on individual circumstances. The estimated average times are: Form W-2 – 30 minutes, and Form W-3 – 20 minutes.

- **Step 4:** Review the Registration Information.
- **Step 5:** Answer the question 'For whom are you filing?' by selecting the appropriate response. After reading the Privacy Act and Paperwork Reduction Act notice, select 'Continue' to proceed to the next screen. If you wish to end this session, select 'Cancel'.

Social Security Online
Business Services Online

**Step 6:** Enter your employer information.

	W-2 Online Employer Data
6:11 :	コレンシスト
lease fill in your information bel	
ontact the Internal Revenue Service It yo	u need assistance with providing the information requested on this form.
Fields marked with an asterisk (* ) MUST be co	malated
Employer's Information	impreteu.
Employer Identification Number (EIN) * :	760080808
	BURNETT COMPANIES CONSOLIDATED INC
Employer's Address	
	9800 RICHMOND SUITE 80
Street/P.O.Box:	AND
	HOUSTON
Please enter a U.S. Domestic Address (	
Country*:	United States
State Abbreviation (for U.S.) / Province *:	TX
Zip / Postal Code * :	77042 Zip Ext: (U.S.Only) 4585
Other EIN used this year : Kind of Payer* :	C 941 (Regular) C 943 (Agriculture) (Note: Military payers cannot file using this service)
	C 941 (Regular) C 943 (Agriculture) (Note: Military payers cannot file using this service) C CT-1 (Railroad) C Hshild. emp. C Medicare govt. emp. (For Government EINs ONLY!)
	C 941 (Regular) C 943 (Agriculture) (Note: Military payers cannot file using this service) C CT-1 (Railroad) C Hshild. emp. C Medicare govt. emp. (For Government EINs ONLY!) Warning! Be sure to select the appropriate "Kind of Payer". You will NOT be given an opportunity to change your selection later.  Third-party sick pay
Kind of Payer * : Establishment Number:	C 941 (Regular) C 943 (Agriculture) (Note: Military payers cannot file using this service) C CT-1 (Railload) C Hshild. emp. C Medicare govt. emp. (For Government EINs ONLY!) Warning! Be sure to select the appropriate "Kind of Payer". You will NOT be given an opportunity to change your selection later.  Third-party sick pay
Kind of Payer * : Establishment Number: W3 Control Number:	C 941 (Regular) C 943 (Agriculture) (Note: Military payers cannot file using this service) C CT-1 (Railload) C Hshild. emp. C Medicare govt. emp. (For Government EINs ONLY!) Warning! Be sure to select the appropriate "Kind of Payer". You will NOT be given an opportunity to change your selection later.  Third-party sick pay
Kind of Payer * : Establishment Number: W3 Control Number: Contact Person	C 941 (Regular) C 943 (Agriculture) (Note: Military payers cannot file using this service) C CT-1 (Railload) C Hshild. emp. C Medicare govt. emp. (For Government EINs ONLY!) Warning! Be sure to select the appropriate "Kind of Payer". You will NOT be given an opportunity to change your selection later.  Third-party sick pay
Kind of Payer *:  Establishment Number:  W3 Control Number:  Contact Person  Name *:	© 941 (Regular) © 943 (Agriculture) (Note: Military payers cannot file using this service) © CT-1 (Railroad) Hshild. emp.
Kind of Payer *:  Establishment Number:  W3 Control Number:  Contact Person  Name *:	C1-1 (Railroad)
Kind of Payer *:  Establishment Number:  W3 Control Number:  Contact Person  Name *:  Email Address:	G941 (Regular)  G943 (Agriculture) (Note: Military payers cannot file using this service)  CT-1 (Railroad)  Hehld. emp.  Medicare govt. emp. (For Government Ellis ONLY!)  Warning! Be sure to select the appropriate "Kind of Payer". You will NOT be given an opportunity to change your selection later.  Third-parky sick pay  MARY RUSSELL  jilJ0JHHu@uhn. com  4107884444  Ext:
Kind of Payer *:  Establishment Number:  W3 Control Number:  Contact Person  Name *:  Email Address:  Telephone Number:  Fax Number:	G941 (Regular)  G943 (Agriculture) (Note: Military payers cannot file using this service)  CT-1 (Railroad)  Hehld. emp.  Medicare govt. emp. (For Government Ellis ONLY!)  Warning! Be sure to select the appropriate "Kind of Payer". You will NOT be given an opportunity to change your selection later.  Third-parky sick pay  MARY RUSSELL  jilJ0JHHu@uhn. com  4107884444  Ext:
Establishment Number: W3 Control Number:  Contact Person  Name *: Email Address: Telephone Number: Fax Number: Options	G941 (Regular)  G943 (Agriculture) (Note: Military payers cannot file using this service)  CT-1 (Railroad)  Hehild, emp.  Medicare govt. emp. (For Sovernment Ellis ONLY!)  Warning! Be sure to select the appropriate "Kind of Payer". You will NOT be given an opportunity to change your selection later.  Third-party sick pay  MARY RUSSELL  jilJ0JHHu@uhn.com  4107884444  Ext:

(**Note:** All fields marked with an asterisk must be completed.)

**Step 7:** Select 'Continue' to advance to the next page. Select 'Cancel' to exit.

Step 8: Enter your W-2 data following the guidelines for completing paper Forms W-2.

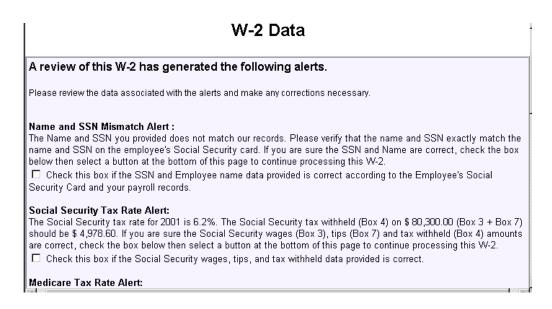


### W-2 Data

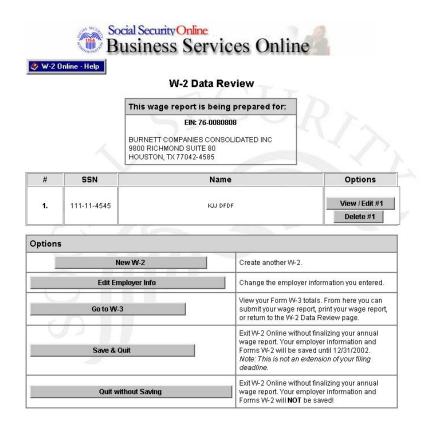
Fields marked with an asterisk (* ) MUST be completed.				
a Control Number	For Official Us			
	OMB No. 1545			
b Employer identification number <b>76 - 0080808</b>		1 Wages, tips, other compensation	2 Federal Income Tax withheld	
c Employer's name, address, and ZIP code ANYTHING BALTIMORE, MD 12345		3 Social security wages	4 Social security tax withheld	
		5 Medicare wages and tips	6 Medicare tax withheld	
		7 Social security tips	8 Allocated tips	
d Employee's social security number *		9 Advance EIC payment	10 Dependant care benefits	
Employee's Name Information e Employee's first name, middle initial, last name and suffice firsts a middle:    Instruction   Ins		11 Nonqualified plans: Section 457 distributions or contributions  Not Section 457 distributions or contributions  S	12a code:	
Employee's Address1 Employee's address Suite/Attn.: Street/P.0.8ox		13 Statutory Retirement Third-party employee plan sidk-pay	12b code: \$	
City: " US Address OR Foreign Address: Country: " United States State / Province: "		14 Other Description Amount \$	12c code:	
Zip / Postal Zip Ext (u.s.only):		Description Amount \$ .	12d code:	
15 Employers state State ID number State wage \$	17 State income tax	18 Local wages, tips, etc. \$ Local income tax \$	20 Locality Name	
Options				
New W2	Keep this W-2 and create another W-2.			
Done	Keep this W-2 and review	valist of W-2s you have entered.		
Cancel	Abandon this W-2 and review a list of W-2s you have entered.			

**Step 9:** Select 'New W-2' to keep this W-2 information and create another W-2. Select 'Done' to keep this W-2 information and proceed to the W-2 review screen. Select 'Cancel' to delete this W-2 information

**Step 10:** After you select 'New W-2' or 'Done', you may receive an Alert. If so, you will need to review your data and make any corrections or select an override response for each Alert. Then select 'Done' or 'New W-2' to continue.



**Step 11:** You can view or edit your data by selecting 'View/Edit' under Options. If you want to delete the W-2 data, select 'Delete' under Options.



Step 12: You can select one of the following options: New W-2, Edit Employer

Info, Go to W-3, Save & Quit, or Quit without Saving.

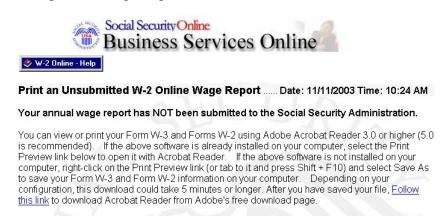
**Step 13:** After selecting 'W-3' to submit your wage data, your Form W-3 will display for your review.

B	ocial Security Onli Business Se	ervices Online	
		W-3	
a Control Number	For Official Use Only OMB No. 1545-0008		n.
b Kind of payer  941 - Regular		1 Wages, tips, other compensation \$78,000.00	2 Federal Income Tax Withheld \$0.00
		3 Social security wages \$0.00	4 Social security tax withheld \$0.00
C Total number of Forms W2	d Establishment number	5 Medicare wages and tips \$0.00	6 Medicare tax withheld \$0.00
e Employer identification numb 76-00		7 Social security tips \$0.00	8 Allocated tips \$0.00
Employer's name, address, and ZIP code BURNETT COMPANIES CONSOLIDATED INC 9800 RICHMOND SUITE 80 HOUSTON, TX 77042-4585		9 Advance EIC payment \$0.00	10 Dependant care benefits \$0.00
		11 Nonqualified plans \$0.00	12 Deferred Compensation \$0.00
		13 For third-party sick pay use only	
		14 Income tax withheld by payer of third-party sick pay	
h Other EIN used this year	1.0		
15 State Employers state ID number MD   456415154		16 State wages, tips, etc. \$ 22000 00	17 State income tax \$ 1600
		18 Local wages, tips, etc. \$ 7800 .00	19 Local income tax \$ 4540
Contact person  MARY RUSSELL		Telephone number 4107884444	
E-mail Address		Fax Number	
Options			
to the best of my knowle	edge and belief, they a clow I affirm that the ak	e examined this return and ac re true, correct, and complete pove statement is true and wis	e. By Pressing the "Submit
			Submit this wage report to the Social Security Administration.
Submit Wage Report			Your Form W-3 must reconcile with the Forms 941, 943, or Schedule H that you filed with the Internal
0/19		Revenue Service.  Note: You will be given an opportunity to download a data file needed to print your Form W-3 and Forms W-2.	
			Print your unsubmitted wage report.
Print Wage Report			Note: Selecting this option will not submit your wage report to the Social Security Administration
Return to W-2			Return to the W-2 Data Review Page to review and/or edit your wage report

**Step 14:** If you want to submit your wage information', select 'Submit Wage Report'. If you would like to print or preview your wage report prior to submitting it to

SSA, select 'Print Wage Report'. If you want to edit your data, select 'Return to W-2'.

**Step 15:** (Print Wage Report) - The Print Acknowledgement page will display after selecting 'Print Wage Report'.

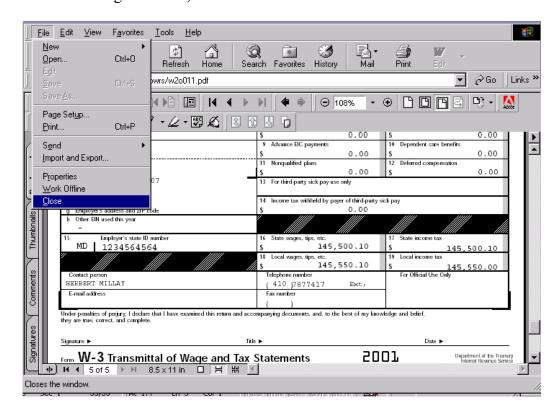


### **Print Preview**

Options				
Under penalties of perjury, I declare that I have examined this return and accompanying documents and, to the best of my knowledge and belief, they are true, correct, and complete. By Pressing the "Submit Wage Report" button below I affirm that the above statement is true and wish to submit my annual wage report to Social Security Administration now.				
Submit Wage Report	Submit this wage report to the Social Security Administration.  Your Form W-3 must reconcile with the Forms 941, 943, or Schedule H that you filed with the Internal Revenue Service.			
	Note: You will be given an opportunity to download a data file needed to print your Form W-3 and Forms W-2.			
Return to W-3	View your Form W-3 totals.  From here you can submit your wage report, print your wage report, or return to the W-2 Data Review Page.			
Return to W-2	Return to the W-2 data review page to review and/or edit your wage report.			
Save & Quit	Exit W-2 Online without finalizing your annual wage report. Your employer information and Forms W-2 will be saved until 12/31/2002. Note: This is not an extension of your filing deadline.			
Quit without Saving	Exit W-2 Online without finalizing your annual wage report. Your employer information and Forms W-2 will <b>NOT</b> be saved!			

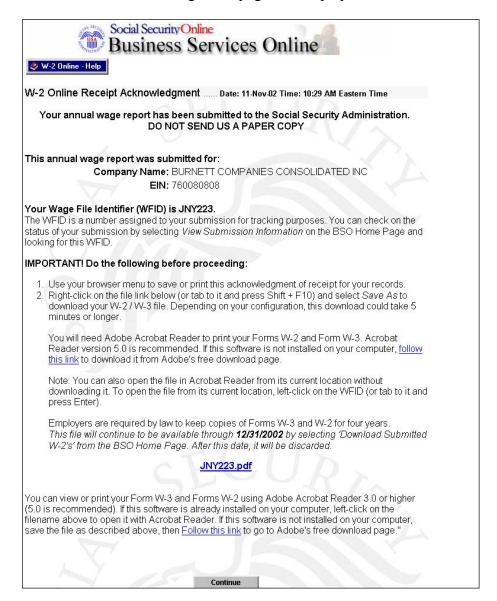
**Step 16:** If you do not have Adobe Acrobat Reader on your computer, you can download it by selecting 'Follow this link' near the top of the page. If you already have the software on your computer, you can go to **Step 18**.

**Step 17:** (Print/Preview Page) - Select the 'Print Preview' link at the top of the page. The W-2 Forms will display. You can print the forms. After printing or viewing the forms, close the window.



**Step 18:** The options on the Print Preview page will allow you to Submit your wage file to SSA, Return to the W-3 Page, Return to the W-2 page, Save your data, or Quit without saving your data.

**Step 19:** (Submit Wage File option) - If you select the 'Submit Wage File' option, the W-2 Online Acknowledgement page will display.



**Step 20:** Save your wage file by right-clicking the file name on your Receipt Acknowledgment and select the save option from your browser menu. If you do not wish to save your wage file, select 'Continue'.

(**Note:** Your wage file will be available for you until the date displayed on your Receipt Acknowledgement.)

## **Lesson 2: Resume Unsubmitted W-2s**

To continue processing your Unsubmitted W-2s, you must have a Personal Identification Number (PIN) and password.

- **Step 1:** From the Business Services Online Home Page, select the 'Resume Unsubmitted W-2s' link.
- **Step 2:** A list of your unsubmitted reports will display.



- **Step 3:** You can view or edit your report. Or, you can delete the report.
- **Step 4:** If you would like to start a new W-2 Report, select 'Start a new report'. Or, you can select 'BSO Home' to return to the BSO Home Page.



## **Lesson 3: Download Submitted W-2s**

Use this link to download an Adobe file containing Forms W-2 and W-3 for a W-2 Online report that you submitted within the last 30 days. Adobe files will not be available after 30 days.

(**Note**: You will need a Personal Identification Number (PIN) and password to use this service.)

- **Step 1:** Login to Business Services Online via the Business Service Online Welcome Page.
- **Step 2:** Select the 'Download Submitted W-2s' link from the Business Services Online Home Page.
- **Step 3:** The Download previously submitted Wage Statements page will display.



Right-click on the WFID (or tab to it and press Shift + F10) and select Save As to download your W-2 / W-3 file. Depending on your configuration, this download could take 5 minutes or longer.

You will need Adobe Acrobat Reader to print your Forms W-2 and Form W-3. Acrobat Reader version 5.0 is recommended. If this software is not installed on your computer, follow this link to download it from Adobe's free download page.

Note: You can also open the file in Acrobat Reader from its current location without downloading it. To open the file from its current location, left-click on the WFID (or tab to it and press Enter).

When you are finished you may Return to the BSO Home Page.

 WFID
 Date Submitted

 JNY327
 12/20/2002

**Step 4:** Select the file you wish to download. Then, download the file onto your computer.